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# Congress of the United States

## House of Representatives

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## OPENING STATEMENT OF RANKING MEMBER CHRISTOPHER SHAYS “IS THIS ANY WAY TO TREAT OUR TROOPS - PART II: FOLLOW UP ON CORRECTIVE MEASURES AT WALTER REED” TUESDAY, APRIL 17, 2007

Thank you for your commitment to this Subcommittee's bipartisan inquiry of medical care for our men and women returning from war.

If an American injured on the battlefield in Afghanistan or Iraq arrives quickly to a major surgical facility, the chances are he or she will be kept alive. If our wounded are transferred to Walter Reed Hospital, the medical care they receive is unparalleled. No one denies the standard of inpatient care at Walter Reed Hospital where, every day, medical miracles occur.

But, it's after the soldier is treated and then transferred into outpatient care that breakdowns occur—both in the delivery of outpatient services and with the outpatient facilities themselves.

We have seen the deplorable conditions of Building 18 and the Byzantine bureaucracy to which wounded warriors and their families are subjected. These breakdowns in and of themselves do not define the medical care offered at Walter Reed; however, they are clear indications of systemic failings in the outpatient program.

No one should have to live in conditions like those reported in Building 18, and, it goes without saying that an outpatient should be treated with the same care and focus as an inpatient. The medical treatment of our wounded warriors is non-negotiable, and our service men and women have earned the right to a continuum of care that sets standards.

Central to the military creed is the promise to leave no soldier or Marine on the battlefield, but by subjecting our recovering soldiers and their families to appalling outpatient conditions, we have done just that. We all have failed in our responsibility to ensure the care of our brave men and women, and our task today—and into the future—is to ensure our war wounded are being cared for completely and for as long as they need care.

This Committee's oversight into these matters, which started under Chairman Tom Davis, has been long and protracted. We have heard excuses and promises of improvements, promises of changes, and promises that, *this time*, things really are going to get better. What is different is the imprint of the graphic representations of Building 18 and the accompanying calls for action have forced action.

We want to hear what actions to correct these failings have been taken and what actions are planned. We also want to hear what we collectively need to do to ensure this does not happen in the future.

The Wounded Warrior Assistance Act of 2007, which was passed unanimously out of the House, provides a good start towards the comprehensive reform of military medical programs. But, it does not go far enough.

Towards that end, a number of us advocated for comprehensive legislative proposals designed to streamline processes for our war wounded and their families caught in the Department of Defense's never-ending bureaucratic maze. These proposals were based on the work of this Committee and Subcommittee and were vetted through patients we have helped in the past.

These proposals include establishing medical holdover (MHO) process performance standards to create comprehensive oversight of all military medical facilities, patients and hospital staff, and a Patient Navigators program where independent Navigators serve as representatives for patients and families.

Our Committee should support legislation creating a DoD-wide ombudsman to assist wounded military and their families 24/7, and establishing the a standard Soldier Patient Tracking System to help family members, installation commanders, patient advocates, or ombudsman office representatives locate any patient in the medical holdover process.

We look forward to hearing other solutions today. We view this hearing as an opportunity to identify the best possible policies and legislation—as required—to rehabilitate Walter Reed. Goodwill and faith in our military medical system will be replenished not by excuses and promises, but by solutions and action. We support you, General Schoomaker, and each of our witnesses in this process.

Nearly 150 years ago, Abraham Lincoln closed his second inaugural address with the following words: “[L]et us strive on to finish the work we are in, to bind up the nations’ wounds, to care for him who shall have borne the battle and for his widow and his orphan....”

“To care for him who shall have borne the battle.” Such was our duty 150 years ago and remains our duty today.

I look forward to our witnesses’ testimony today and thank each of them for their hard work over the past months.